



LAWRENCE E. LONG  
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA  
**LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION**

DIVISION OF CRIMINAL INVESTIGATION  
ROL KEBACH CRIMINAL JUSTICE TRAINING CENTER  
3444 E. HIGHWAY 34  
PIERRE, SOUTH DAKOTA 57501-5070

APPLICATION TO ATTEND  
SOUTH DAKOTA LAW ENFORCEMENT OFFICERS TRAINING COURSES

Type of Course \_\_\_\_\_

Course Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Please print or type)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Law Enforcement Service \_\_\_\_\_ yrs. \_\_\_\_\_ Mos.

Name of Department \_\_\_\_\_ Phone # \_\_\_\_\_

Department Mailing Address \_\_\_\_\_  
Address City Zip

I request that you accept this nominee as the official representative of the Law Enforcement Agency headed by me. I do hereby agree that this representative will abide by all such rules and regulations pertaining to classroom and dormitory conduct and any serious breach of same may result in the dismissal of the violator. I further agree that the Law Enforcement Training Center, either individually or collectively, shall in no way be responsible for any accidents while this representative is en route to, attending any session of, or returning to their department. In addition, I agree that this representative shall attend the full course of instruction. **Application should be made no later than 45 days prior to the course.**

Due to the nature of some of the training offered, enrollment in a school may be limited. **Please do not assume that the applicant has been accepted for this school until you have received official confirmation from the Law Enforcement Training Office.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Department Head Signature)

\_\_\_\_\_  
(Title of Applicant)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**This application form must be completed in its entirety and forwarded to the Law Enforcement Training Office.**

Return this Application to:

Law Enforcement Training  
Rol Kebach Criminal Justice Center  
3444 East Highway 34, %1320 East Sioux  
Pierre SD 57501  
Phone: 605-773-3584  
Fax: 605-773-7203